

SECTION V.4. **Monitoring Procedures**

All Choices for Care (CFC) services must be monitored on a regular basis to ensure that the needs of individuals are being met. The monitoring procedures are determined by the following CFC settings:

A. Home-Based Monitoring

1. The **case manager** shall visit the individual face-to-face not less than once every 30 days. The visit must be in the individual's home not less than once every 60 days.
2. The **case manager** shall monitor all needs of the individual including, but not limited to:
 - a. Health and functional status
 - b. Environmental needs
 - c. Health and welfare issues
 - d. Abuse, neglect and exploitation issues
 - e. Social and recreational needs
 - f. Public benefits including CFC financial eligibility
 - g. Consumer and surrogate employer certification status
 - h. Family issues
 - i. Coordination with CFC providers
 - j. Needs related to other services outside of CFC
3. The **case manager** shall document the monitoring visits and other case management activities. Documentation shall be maintained in the individual's case management case file.
4. The **case manager** shall track the amount of time spent each month on approved case management activities.
5. If there is a significant change in the individual's condition or circumstances, the **case manager** shall communicate with the appropriate provider(s) and initiate a Service Plan change or full reassessment if necessary.
6. If at any time, information suggests that the individual may no longer meet CFC clinical eligibility criteria, the **case manager** shall communicate with the provider(s) and arrange a health and function assessment to be reviewed by DAIL.
7. If information suggests the individual no longer meets the financial eligibility criteria for CFC services, the **case manager** shall communicate with the provider(s) and DAIL.
8. The **case manager** shall assist the individual, as necessary, with any Long-Term Care Medicaid financial review forms as required by the Department for Children and Families (DCF).
9. The **case manager** shall monitor the need for services outside of CFC and coordinate referrals as needed.

10. The **case manager** shall monitor the ongoing ability of consumer and surrogate employers to follow “Employer Responsibilities”. If at any time the consumer or surrogate employer demonstrates an inability to perform employer activities, the case manager will complete a new “Employer Certification”.
11. **Home Health Agency providers** shall complete an in-home visit for individuals they provide services to, at least once every 60 days to monitor employee(s) activities, assuring the following:
 - a. Services are being provided according to the personal care worksheet and approved Service Plan.
 - b. Volume of services being provided is sufficient to meet the individual’s needs.
 - a. The schedule of services is sufficient to meet the individual’s needs as identified in the assessment.
 - b. Personal care activities are being performed safely and successfully.
 - c. The individual is satisfied with his or her personal care attendant.
 - d. Services provided to the individual are accurately documented by staff on applicable tracking forms and timesheets.
12. **Consumer directed employers** shall monitor employee(s) activities on an ongoing basis to assure the following:
 - a. Services are being provided according to the personal care worksheet and approved Service Plan.
 - b. Volume of services being provided is sufficient to meet the individual’s needs.
 - c. The schedule of services is sufficient to meet the individual’s needs as identified in the assessment.
 - d. Personal care activities are being performed safely and successfully.
 - e. The individual is satisfied with his or her employee(s).
 - f. Services provided to the individual are accurately documented by staff on applicable tracking forms and timesheets.
13. **Surrogate directed employers** shall complete an in-home visit at least once every 30 days to monitor employee(s) activities, assuring the following:
 - a. Services are being provided according to the personal care worksheet and approved Service Plan.
 - b. Volume of services being provided is sufficient to meet the individual’s needs.
 - c. The schedule of services is sufficient to meet the individual’s needs as identified in the assessment.
 - d. Personal care activities are being performed safely and successfully.
 - e. The individual is satisfied with his or her employee(s).
 - f. Services provided to the individual are accurately documented by staff on applicable tracking forms and timesheets.
14. The **Division of Licensing and Protection (DLP)** will regularly monitor Home Health providers for compliance with applicable State and Federal regulations.
15. The **Department of Disabilities, Aging and Independent Living (DAIL)** will monitor the provision of Case Management Services on a regular basis to ensure compliance with standards and procedures.

B. Enhanced Residential Care (ERC) Monitoring

1. The **case manager** shall have contact with the individual no less than once every 30 days and a face-to-face no less than once every 60 days.
2. The **case manager** shall communicate with the ERC provider no less than once every 60 days.
3. The **case manager** shall monitor needs of the individual including, but not limited to:
 - a. Health and functional status
 - b. Environmental needs
 - c. Health and welfare issues
 - d. Abuse, neglect and exploitation issues
 - e. Social and recreational needs
 - f. Public benefits including CFC financial eligibility
 - g. Family issues
 - h. Coordination with ERC providers
 - i. Needs related to other services outside of CFC
4. The **case manager** shall document the monitoring visits and other case management activities. Documentation shall be maintained in the individual's case management case file.
5. The **case manager** shall track the amount of time spent each month on approved case management activities.
6. If there is a significant change in the individual's condition or circumstances, the **case manager** shall communicate with the ERC provider and initiate a Service Plan change or full reassessment if necessary.
7. If at any time, information suggests that the individual may no longer meet CFC clinical eligibility criteria, the **case manager** shall communicate with the ERC provider and arrange a health and function assessment to be reviewed by DAIL.
8. If information suggests the individual no longer meets the financial eligibility criteria for CFC services, the **case manager** shall communicate with the ERC provider and DAIL.
9. The **case manager** shall assist the individual, as necessary, with any Long-Term Care Medicaid financial review forms as required by the Department for Children and Families (DCF).
10. The **case manager** shall monitor the need for services outside of CFC and coordinate referrals as needed.
11. **ERC providers** shall monitor the needs of the individual according to existing regulations.
12. The **Division of Licensing and Protection (DLP)** will regularly monitor ERC providers and Home Health providers for compliance with applicable State and Federal regulations.

13. The **Department of Disabilities, Aging and Independent Living (DAIL)** will monitor the provision of Case Management Services on a regular basis to ensure compliance with standards and procedures.

C. Nursing Facility (NF) Monitoring

1. The **NF provider** shall complete the Minimum Data Set (MDS) according to existing NF regulations.
2. The **NF provider** shall monitor the individual's needs according to State and Federal regulation.
3. If at any time, information suggests that the individual may no longer meet CFC clinical eligibility criteria, the **NF provider** shall communicate with the **DAIL staff** and arrange a health and function assessment to be reviewed by DAIL.
4. The **DLP** will regularly monitor NF for compliance with State and Federal regulations.